

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

LADIA ONE LIMO

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: \_\_\_\_\_

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: ELKANAH B. LADIA

Telephone: 843-437-0065

Address: 15 LINDO DRIVE

Fax: 843-766-0761

CHARLESTON, SC 29407

Other: \_\_\_\_\_

Email: LADIAONELIMO@GMAIL.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: APRIL 1, 2022

CLASS C - CHARTER

RECEIVED  
APR 05 2022  
SCPSC  
MAIL / DMS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Ladiaonelimo, LLC

1. LADIA ONE LIMO  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

15 ENDO DRIVE, CHARLESTON, SC 29407  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-437-0065 843-766-0761  
Phone Fax

LADIAONELIMO@GMAIL.COM  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)
- ☒ Individual Owner/Sole Proprietorship
  - ☐ Partnership - List names and addresses of all person having an interest in the business.
  - ☐ Corporation - List names and addresses of two principal officers.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LEADER ONE L.L.C.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows.

Assets:		Liabilities:	
Value of Real Estate	\$0	Mortgage Loan on Real Estate	\$0
Value of Motor Vehicles	\$46,200.00	Loans Owed on Motor Vehicles	\$46,200.00
Cash on Hand	1,400.00	Business Other Loans Owed	-
Cash in Bank	5,000.00	Other Liabilities or Debts	-
Value of Other Assets and Equipment	2,872.84	Total Liabilities	96,200.00
Total Assets	55,472.84		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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LODIA ONE LIMO

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges

Private Event Rentals \$150 - \$175/Hr – Minimum 2Hr Required  
Wedding Events \$850 and up  
Funerals \$850 and up – Negotiable depending on needs of the family  
Maritime Workers \$25/seat/Oneway or \$50/seat/Roundtrip  
Local Airport Travel \$30/seat + \$3.50/Mile after the first 5miles

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

Lady one Limo

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
FORD	2018 - TRANSIT	1FBAX2CM9JKA77521	6134/0

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INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

ELKANAH B. LADIA

Name of Applicant

15 ENDO DRIVE, CHARLESTON, SC 29407

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 7,112.00

Limits \$500,000.00

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

**1-7 Passengers\*** \$ 25,000/50,000/25,000

**8-15 Passengers\*** \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

PROGRESSIVE NORTHERN INSURANCE COMPANY

Name of Insurance Company

2544 ASHLEY RIVER #A, CHARLESTON, SC 29414

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

ELKANAH B. LADIA DBA LADIA ONE LIMO

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Ladia onehino

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

- ☒ Yes                      ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

- ☒ Yes                      ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

- ☒ Yes                      ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

- ☒ Yes                      ☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

- ☒ Yes                      ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Elkanah B. Ladia  
Applicant's Signature

OWNER & OPERATOR  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Charleston )

This 1<sup>st</sup> day of April, 2022

Whitney Ladia  
Notary Public

Commission Expires 2/4/2032

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Ladiaonelimo, LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 7th, 2022, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 7th day  
of March, 2022.

  
Mark Hammond, Secretary of State

BEES FERRY INSURANCE  
2544 ASHLEY RIVER #A  
CHARLESTON SC 29414  
1-843-213-3937



Policy number: 956385843

Underwritten by:  
Progressive Northern Insurance Co  
NAIC Number 38628  
March 3, 2022  
Page 1 of 1

## Certificate of Insurance

**Certificate Holder**

Elkanah Ladia  
15 Endo Dr  
Charleston, SC 29407

**Insured**

Elkanah B Ladia  
Ladia One Limo  
15 ENDO DR  
CHARLESTON, SC 29407

**Agent**

BEES FERRY INSURANCE  
2544 ASHLEY RIVER #A  
CHARLESTON, SC 29414

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies. Liability coverage may not apply to all scheduled vehicles.

Policy Effective Date: Mar 3, 2022

Policy Expiration Date: Mar 3, 2023

**Insurance coverage(s)**

**Limits**

Bodily Injury/Property Damage

\$500,000 Combined Single Limit

Uninsured Motorist Bodily Injury/PD

\$500,000 Combined Single Limit w/\$200 Ded

Underinsured Motorist Bodily Injury/PD

\$500,000 Combined Single Limit

### Description of Location/Vehicles/Special Items

**Scheduled autos only**

2018 FORD TRANSIT 1F8AX2CM9JKA77521

Medical Payments  
Comprehensive  
Collision

\$1,000  
\$1,000 DED w/\$0 glass DED  
\$2,500 Ded

Stated Amount \$50,000

Form 5241 (05/16)

BEES FERRY INSURANCE  
2404 ASHLEY RIVER #A  
CHARLESTON, SC 29414

**PROGRESSIVE**  
COMMERCIAL

Named insured

Elkanah B Ladia  
Ladia One Limo  
15 ENDO DR  
CHARLESTON, SC 29407

Policy number: 956385843

Underwritten by:  
Progressive Northern Insurance Co  
March 17, 2022  
Policy Period Mar 3, 2022 - Mar 3, 2023  
Page 1 of 2

agent.progressive.com

Online Service

Make payments, check billing activity, print  
policy documents, update your policy or  
check the status of a claim.

1-843-203-3937

BEES FERRY INSURANCE

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is  
unavailable or to report a claim.  
PO Box 94739  
Cleveland, OH 44101

## Commercial Auto Insurance Coverage Summary

### This is your Declarations Page

Your coverage began the later of March 3, 2022 at 12:01 a.m. or the effective time shown on your application. This policy period ends on March 3, 2023 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852SC (02/19), 4757SC (02/19), 4852SC (02/19), 4881SC (02/19) and 2228 (01/11).

The named insured organization type is a sole proprietorship.

#### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,049
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist			326
Bodily Injury	\$500,000 combined single limit		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			364
Bodily Injury	\$500,000 combined single limit		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$1,000 each person		65
Comprehensive			930
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			2,376
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$7,110</b>
UM Fund Fee			2
<b>Total 12 month policy premium and fees</b>			<b>\$7,112</b>

#### Rated drivers

1. Elkanah B Ladia

**INSURANCE IDENTIFICATION CARD - South Carolina**

Policy Number: 956385843      NAIC Number: 38628  
Effective Date: 03/03/2022      Expiration Date: 03/03/2023  
Policy Type: Commercial  
Insurer: Progressive Northern Insurance Co 1-800-444-4487  
PO Box 94739 Cleveland, OH 44101

Named Insured(s):  
Elkanah B Ladia  
Ladia One Limo  
Your agent:  
BEES FERRY INSURANCE 1-843-203-3937  
2544 ASHLEY RIVER #A  
CHARLESTON, SC 29414  
Year      Make      Model      VIN  
2018      FORD      TRANSIT      1FBAX2CM9JKA77521

Coverage under this policy meets South Carolina's minimum financial responsibility requirements.